Oregon Physician Orders for Life-Sustaining Treatment (POLST): Completion in Proximity to Death (FR415-A)

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Objectives
- Understand that POLST is appropriate for patients with advanced illness and frailty, not for all patients.
- Understand that POLST orders can and should change as health status changes.

Original Research Background: The Physician Orders for Life-Sustaining Treatment (POLST) paradigm allows healthcare professionals to document the treatment preferences of patients with advanced illness or frailty as portable and actionable medical orders.

Research Objectives: The study objective was to ascertain when POLSTs are completed in proximity to death, the resuscitation and scope of treatment preferences recorded, and whether diagnosis or demographic factors influenced timing or order changes.

Methods: The POLST registry is a prospective cohort of Oregon residents with POLST forms. POLSTs completed within 2 years of death were linked to Oregon death certificate data. 18,285 Oregon POLST registrants were matched to death certificate data for 2010 and 2011. Time between POLST completion and death, POLST orders and order changes, demographics, and cause of death.

Results: 89% of initial POLSTs were completed in the last year of life. The median interval from POLST completion to death was 6.4 weeks (range, 0.14-102.6 weeks). Those dying of cancer had POLST completed nearer death (median 5.1 weeks) than those with organ failure (10.6 weeks) or dementia (14.5 weeks). For individuals with multiple registered POLSTs (11%; n=2,004), their earlier form was more likely to have an attempt resuscitation order (32.0% vs 7.3%) and less likely to have comfort-measures-only orders (13.3% vs 69.4%).

Conclusions: Over half of sampled POLSTs were completed in the final 2 months of life. Diagnosis influences when POLSTs are completed. Among registrants who had multiple POLSTs, the later form usually, but not always, had fewer life-sustaining treatment orders.

Implications for Research, Policy, or Practice: Our data show that most final POLST forms are completed during the last year of life and support that POLST is being used in the intended patient population.